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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  OI-878  Lackawanna County Courthouse Clerk's Office 200 North Washington Avenue	A. Signature  X. Agent  Addressee  B. Received by (Phinted Name)  C. Date of Delivery  SCR  If YES, enter delivery extress below:  No  3. Service Type  SCR  If YES and the service Type  If YES and the service Type  SCR  If YES and the service Type  If YES and the service Type
Scranton, PA 18503	☐ Registered ☐ Return Receipt for Merchandise . ☐ Insured Mall ☐ C.O.D.
: 	4. Restricted Delivery? (Extra Fee)
2. Article Number 7004 0750	0002 6208 6371
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